



MICHIGAN DEPARTMENT OF ENVIRONMENT,  
GREAT LAKES, AND ENERGY  
WATER RESOURCES DIVISION

**ACUTE TOXICITY TEST REPORT**

By authority of PA 451 of 1994, as amended

Instructions: Use this form to report acute toxicity test results. Use separate forms for more than one test. Attach all raw data sheets to this report unless reporting for NPDES Permit Application.

1. Name of Facility (on NPDES permit): \_\_\_\_\_
2. NPDES Permit #: \_\_\_\_\_
3. Receiving Water (as designated in permit): \_\_\_\_\_
4. Outfall: \_\_\_\_\_
5. Receiving Water Concentration (if known): \_\_\_\_\_
6. Test Lab (Name and Address): \_\_\_\_\_  
\_\_\_\_\_
7. Test Species \_\_\_\_\_
8. Age Range of Organisms at Test Start: \_\_\_\_\_
9. Test Start Date: \_\_\_\_\_
10. Test End Date: \_\_\_\_\_
11. Report Date: \_\_\_\_\_
12. Name of Person Conducting Test: \_\_\_\_\_
13. Name/Phone # of Person Who Can Answer Questions About This Report: \_\_\_\_\_  
\_\_\_\_\_
14. Sample Collection Dates:  
Sample 1: \_\_\_\_\_  
Sample 2(if any): \_\_\_\_\_
15. Date Received  
Sample 1: \_\_\_\_\_  
Sample 2(if any): \_\_\_\_\_
16. Arrival Temp (°C)  
Sample 1: \_\_\_\_\_  
Sample 2(if any): \_\_\_\_\_
17. Date of First Use:  
Sample 1: \_\_\_\_\_  
Sample 2(if any): \_\_\_\_\_
18. Total Residual Chlorine (mg/l)  
Sample 1: \_\_\_\_\_  
Sample 2(if any): \_\_\_\_\_
19. Ammonia (mg/l as N)  
Sample 1: \_\_\_\_\_  
Sample 2(if any): \_\_\_\_\_
20. Was Sample Dechlorinated?  
Sample 1: ☐ Yes ☐ No  
Sample 2: ☐ Yes ☐ No
21. Describe Dechlorination (if any): \_\_\_\_\_
22. Effluent Samples Were Collected (check one):  
☐ Before Chlorination  
☐ After Chlorination  
☐ After Chlorination, Before Dechlorination  
☐ After Dechlorination  
☐ Facility Does Not Chlorinate

23. Describe Any Deviations from Test Methods (for example, pH-controlled test, reduced DO levels in test leading to aeration, sample exceeded holding time.):

24. Effluent Filtered?

☐ Yes

☐ No

25. State Mesh Size of Filter (if filtered): \_\_\_\_\_

26. Effluent Sample Type (Check one type for Each Sample):

Sample 1: ☐ 24-Hour Composite ☐ Grab/Composite (give # of grabs)\_\_\_\_ ☐ Grab Sample

Sample 2: ☐ 24-Hour Composite ☐ Grab/Composite (give # of grabs)\_\_\_\_ ☐ Grab Sample

Sample 3: ☐ 24-Hour Composite ☐ Grab/Composite (give # of grabs)\_\_\_\_ ☐ Grab Sample

27. Identify the Diluent (O<sub>1</sub>) Control: \_\_\_\_\_

Identify the Diluent (O<sub>2</sub>) Control (if used): \_\_\_\_\_

28. Summary of Results – Percent Mortality Per Concentration

Day	Control O <sub>1</sub>	Control O <sub>2</sub>	Effluent Concentration %	Effluent Concentration %	Effluent Concentration %	Effluent Concentration %	Effluent Concentration %	Effluent Concentration %

29. 48- Hour LC<sub>50</sub> (for *Daphnia magna* or *Ceriodaphnia dubia* acute tests): \_\_\_\_\_

30. 96-Hour LC<sub>50</sub> (For fathead minnow acute tests): \_\_\_\_\_

31. TU<sub>a</sub> (acute toxic units): \_\_\_\_\_

If you need this information in an alternate format, contact [EGLE-Accessibility@Michigan.gov](mailto:EGLE-Accessibility@Michigan.gov) or call 800-662-9278.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its program or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations. Questions or concerns should be directed to the Nondiscrimination Compliance Coordinator at [EGLE-NondiscriminationCC@Michigan.gov](mailto:EGLE-NondiscriminationCC@Michigan.gov) or 517-249-0906.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.